

LEA Medicaid Billing - Service Documentation – Behavioral Paraprofessional

Student name: _____ Birthdate: _____ ICD 9 code(s): _____
 School district: _____ Building: _____

Services:

Date of Service	Time in	Time out	Total time (minutes)	Service code (see below)	Intervention/ service – (describe if no code below)	Comments / Student response	Initials

Total time: _____ (minutes) (Procedure code 96152 – 15 min. unit)

Service codes:

Snacktime monitoring = SM	Specials Monitoring (Art, music, PE) = SM	Escort off Bus = OB	Other Monitoring = OM
Recess Monitoring = RM	Activity Monitoring = AM	Escort to Bus = EB	
Lunch Monitoring = LM	Closing Time Monitoring = CM	Sensory/Relaxation/Towel Time = ST	
Bathroom Monitoring = BM	ABA Therapy = AT	Work transitions = WT	

Service providers:

Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position